

<p style="text-align: center;"><b>INSTRUCTIONS</b> <i>for</i> <b>Community Facilities</b></p>
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**A. NEED FOR THE ACTIVITY.**

1. Use of CDBG funds. Check the proposed uses of the requested funds for this activity. *(Please see Appendix G of the NOFA for detailed description and limitations of these uses.)*

If you are applying for Community Facilities with **more than one** service/program, you must complete one set of Public Services activity forms for **each** service/program.

2. Project description and environmental clearance information.

- a. Provide a brief description about the project. Give information about the use of CDBG funds, what the total project will cost, the total number of beneficiaries, and a breakdown of TIG and LTIG beneficiaries.

If you are proposing a combination activity, explain all aspects of these activities. If the project involves activities that will involve various user groups, describe the uses of the building/facility and include estimates for percentages of time projected for use by each user group.

**Example 1**—The City of XYZ will grant \$500,000 to the non-profit organization, the Battered Spousal Center of XYZ, to purchase and rehabilitate a building to house battered spouses and their children. These funds represent the total cost of the project. The City estimates the Center will provide services to 10 families/50 persons a week.

**Example 2**—The County of ABC will use \$500,000 of CDBG funds to construct a health and social services center for the unincorporated community of XYZ. A private individual is donating the land. Sixty percent of the space will be used by the County Mental Health Department to provide services to migrant farm workers who are all Targeted Income Group. These services will be provided 30 hours a week. Thirty percent of the space will be used for job training for TANF recipients forty hours a week. The remaining ten percent of the space will be used to provide a drug and alcohol abuse counseling and diversion program to low income residents. These services will be provided twenty hours per week.

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b. Environmental Clearance.

Describe the actual (if known) or estimated level of National Environmental Policy Act (NEPA) environmental clearance. Scheduling and budgeting should allow for sufficient time and funds to complete environmental clearances prior to commencement of activities. Community Facilities activities may require a more elaborate level of NEPA environmental clearance than other types of community development.

If you already have a NEPA environmental review record (ERR) for your proposed project that were prepared by another agency, these documents may or may not satisfy NEPA requirements for HUD purposes. Please contact your CDBG representative for further guidance on avoiding ERR duplication.

3. Serious Problem Description. Be as specific as possible; quantify wherever possible to document the scope, magnitude, duration, and impacts of the problem.

4. Solving the Problem. Describe how and to what extent the proposed activity will solve the problem. **Attach copies** of relevant documentation. **Highlight** relevant passages. The most effective methods of documentation include:

- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
- b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
- c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

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5. Documentation. Enter the type of documentation that is being provided to demonstrate the severity of the problem on the ***Problem & Service Provider Documentation Chart (See #8)***. Applications submitted for Community Facilities addressing serious problems should include strong documentation in the form of a needs analysis, user/beneficiary survey, and letters from local agencies. The most competitive applications will address and document **a serious threat to the health, safety or well-being of the proposed beneficiaries.**

Commitment to Provide Services. Indicate the service(s) committed to by funding or provider source, and attach documentation.

6. Site Control. If the proposed project involves site acquisition, please answer the question. ***Note: Site acquisition costs incurred prior to the award of a grant, execution of a grant agreement and satisfaction of any special conditions are not reimbursable from the grant.*** Examples of site control include an option to purchase or a purchase agreement, an option to lease or a leasehold interest, or a deed of trust. Include documentation that rights of way or easements have been obtained.

7. Documentation of NEED for **NEW** Services.

- a. Check how the NEED is documented.
- b. Check appropriate box and provide information, if applicable.
- c. Check appropriate box, and if yes, provide explanation.

8. Documentation of NEED for **EXISTING** Services.

- a. Check the appropriate box.
- b. Identify date funds will end.
- c. Provide a brief explanation and attach any current financial statements.
- d. Indicate how the NEED was determined.
- e. Check the appropriate box.
- f. Check the appropriate box, and if yes, provide explanation.

9. Complete *Problem and Service Provider Documentation Chart*

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**B. TARGETED INCOME GROUP BENEFIT**

If the applicant does not provide information, the Department will assign points based on the percentage of families in the jurisdiction that are TIG. **Activities with 90% TIG benefit will result in full points in the Benefit category.**

Income restriction: applicants should demonstrate there is an explicit limitation, based on income, for who is eligible to benefit from the project. (Note: Charging a fee to non-TIG project beneficiaries does not exclude them from being considered CDBG beneficiaries.)

Limited Clientele: for the purposes of assigning a benefit score, absent evidence to the contrary, 100% TIG benefit will be presumed for activities that exclusively serve a group of persons in any one or a combination of the following categories: abused children, battered spouses, adults meeting the Bureau of the Census' Current Population Report's definition of "severely disabled," homeless persons, illiterate adults, persons living with AIDs, and migrant farmworkers.

Income survey: for Community Facilities activities in which services will be provided to specific client groups not listed in the limited clientele paragraph above (for example, senior citizens, farmworkers, single mothers) applicants should conduct a survey of existing and/or potential beneficiaries. Please refer to Appendix B for guidance on survey methodology.

NOTE: For Community Facilities, activities in which services or activities are open to all residents of the area, an income survey of the actual users of the facility may only be done if at least 51% of the residents of the area are TIG.

Other: Explain any other source that was used, e.g., waiting lists.

**C. PROGRAM READINESS**

Of the 150 points available for capacity, your application may be awarded up to 50 points if you complete and document actions that make the proposed project ready to proceed. These actions must be directly related to the activity. They may include the completion of the special condition and environmental review requirements, securing site control, securing financing for the entire project, or anything that would enable the applicant to be ready to proceed.

A list of acceptable Examples of such actions and the documentation to be submitted for each is in the Program Readiness Chart.

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**D. SOURCES AND USES FORM**

**1. Sources and Uses Form**

Sources. The major funding sources are printed on the form.

The amounts and sources for local and private funding contributions should match the information provided on the charts for “Other Funding Sources”, pages 36-39. In addition, make entries here for any State, Federal, or other sources, that you will be using to finance the entire project.

For “other State” funds, if any are from another HCD program, please identify that program on this chart.

Uses. Identify the cost categories applicable to your proposed project and enter the amounts you plan to use. Allocate the amounts across the table to the funds you expect to receive from all the sources listed. This chart should include costs for the entire project (not just the CDBG portion). Your cost estimates can assist you in calculating these entries.

- For the Construction lines, include a factor for Davis-Bacon wages when applicable. All construction costs should include a contingency established in the line item.
- The Equipment category could include items such as outdoor playground equipment.
- Examples of fees that should be listed are commissions to brokers or closing costs for the acquisition of land or a building.
- General administration costs should include staff time for grant administration, such as clearing the grant agreement special conditions and grant reporting.
- Activity delivery costs should include the costs, which the State CDBG Program would consider activity delivery.

***Please double-check the totals in all rows and columns for accuracy.***

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**E. REQUIRED MAPS.**

Please provide the requested maps with your application. These maps can be generated using the census website, <http://factfinder.census.gov/servlet/DatasetMainPageServlet?>

**NOTE: If you are proposing multiple activities, please provide maps for each activity.**

➤ **Ethnic/TIG Concentration Map**

Based on the applicant's knowledge of the area and available data, provide a legible map of the jurisdiction that shows:

- ☐ The location of concentrations of non-white persons **and** Hispanic persons within the entire jurisdiction, and
- ☐ The location of concentrations of targeted income group families within the entire jurisdiction.

Note: Targeted income group data is **different** than poverty data. Most targeted income group data can be obtained by visiting the American Factfinder website at: [www.factfinder.census.gov/](http://www.factfinder.census.gov/)

➤ **Location Map**

The location map must be legible and must include:

- ☐ The census tract number(s) and the boundaries within which CDBG funds will be spent for the proposed activity , and
- ☐ The census block group number(s) and the boundaries within which CDBG funds will be spent for the proposed activity , and
- ☐ The general location of the proposed activities, including geographic boundaries of the targeted or service areas covered by the proposed activity.

Note: Most maps can be obtained by visiting the American Factfinder website at: [www.factfinder.census.gov/](http://www.factfinder.census.gov/)

➤ **Project Site Map**

For site-specific activities, include a project site map which shows:

- ☐ The location and size of existing and proposed infrastructure (road, water, sewer, etc.), if applicable or pertinent, and
- ☐ The location and size of the proposed improvements, if applicable.

**NEED for ACTIVITY**  
**Community Facilities**

**A. NEED FOR ACTIVITY**

1. Please indicate the proposed uses of the requested CDBG funds (for this activity). **Check all that apply.** *Please see Appendix H of the NOFA for detailed description and limitations of these uses.*

- ☐ Acquisition
- ☐ Construction
- ☐ Rehabilitation
- ☐ Other: (describe) \_\_\_\_\_

**Note:** If you are applying for Community Facilities with more than one service/program, you must complete one set of Community Facilities activity forms for each service/program.

2. Description.

- a. Please provide a brief description of the service to be provided. *Check the appropriate box to indicate type of service.*

- ☐ NEW Service. (Complete Section #7 - Documentation of Need for New Services.)
- ☐ EXISTING Service. (Complete Section #8 - Documentation of Need for Existing Services.)

- b. Environmental Clearance. What is the anticipated level of environmental clearance under the National Environmental Policy Act (NEPA)?

- ☐ Environmental Assessment                      ☐ Categorically Excluded, but subject to 58.5.

**NEED for ACTIVITY**  
**Community Facilities**

3. Describe the serious problem that exists if this service is not available and/or increased. (Be sure to complete the ***Problem & Service Provider Documentation Chart*** and attach appropriate documentation.)

4. Explain how **and** to what extent the proposed activity will solve the problem. (Quantify current and proposed levels of service)

Include in your description:

- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
- b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
- c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

5. Do you have commitments from service providers? ☐ Yes ☐ No
- Complete the attached ***Problem & Service Provider Documentation Chart***.
  - Be sure to attach all documentation that you identify.
  - All documentation must be on service provider letterhead and must be specific as to what services are being committed.

6. Site Control. If the proposed project involves site acquisition, please answer the following question.

- Will you have site control in place at least 90 days after execution of contract?

☐ Yes. Attach documentation.

☐ No. Explain Below.

***Note: Site acquisition costs incurred prior to the award of a grant, execution of a grant agreement, and satisfaction of any special conditions are not reimbursable from the grant.***

**NEED for ACTIVITY**  
**Community Facilities**

7. **DOCUMENTATION OF NEED for NEW Services.** If multiple services are proposed, you must complete one set of Activity Forms for each service. *(See instructions for clarification.)*

**a. How was the **NEED** documented?**

- **Surveys of:**

☐ INTENDED Beneficiaries

\_\_\_\_\_ # of INTENDED Beneficiaries

☐ per Day   ☐ per Week   ☐ per Month

☐ # Turned Away - \_\_\_\_\_

☐ per Day   ☐ per Week   ☐ per Month

- **Other:**

☐ Letters from Non-Profit Organization(s)

☐ Newspaper Articles regarding the need for the service

☐ Third party letters describing the direct health and safety impact

**b. Is there a nearby facility providing the proposed service now?**

☐ No. (GO to c.)

☐ Yes. Continue with the following

- Where is the facility located?

- Are there any special impediments for TIG households to access the service where it is located now?

☐ No. (Go to c.)

☐ Yes. Continue with the following

- ❖ What are the impediments? *Check all that apply and describe each one.*

☐ Transportation

☐ ADA

☐ Other:

**NEED for ACTIVITY**  
**Community Facilities**

❖ Is there an unmet demand?

☐ No. (Go to c.)

☐ Yes. Describe the unmet demand.

Unmet Demand:

☐ # Currently Served - \_\_\_\_\_

☐ per Day   ☐ per Week   ☐ per Month

☐ # of persons on a Waiting List - \_\_\_\_\_

c. Is this an ADA accessibility issue?

☐ Yes

☐ No

If yes, what alternatives did you consider and why was this alternative the best solution?

**NEED for ACTIVITY**  
**Community Facilities**

- 8. DOCUMENTATION OF NEED for EXISTING Services to be continued or increased.** If multiple services are proposed, you must complete one set of Activity Forms for each service. *(See instructions for clarification.)*

- a.** The proposed service is:

☐ an Existing service to be CONTINUED.      ☐ An Existing service to be

- b.** For existing services to be CONTINUED, what is the **date** that all existing funding will end:

Identify the date: \_\_\_\_\_

- c.** For increased services, provide a brief explanation of the costs to provide the existing level of services and the costs for the increased level of services. Also, be sure to attach any current financial statements.

**NEED for ACTIVITY  
Community Facilities**

**d. How was the NEED determined?**

Survey of:

☐ INTENDED Beneficiaries

\_\_\_\_\_ # of EXISTING Beneficiaries

☐ per Day   ☐ per Week   ☐ per Month

Unmet Demand:

☐ INTENDED Beneficiaries

\_\_\_\_\_ # of INTENDED Beneficiaries

☐ per Day   ☐ per Week   ☐ per Month

☐ # Turned Away - \_\_\_\_\_

☐ per Day   ☐ per Week   ☐ per Month

☐ # of persons on a Waiting List - \_\_\_\_\_

• **Other:**

☐ Letters from Non-Profit Organization(s)

☐ Newspaper Articles regarding the need for the service

☐ Third party letters describing the direct health and safety impact

**e. Are there any special impediments for TIG households to access the service where it is located now?**

☐ No. (Go to c.)

☐ Yes. Continue with the following

❖ What are the impediments? *Check all that apply and describe each one.*

☐ Transportation

☐ ADA

☐ Other:

**NEED for ACTIVITY**  
**Community Facilities**

**f.** Is this an ADA accessibility issue?

☐ **Yes**

☐ **No**

If yes, what alternatives did you consider and why was this alternative the best solution?

**NEED for ACTIVITY  
Community Facilities**

<b>9. PROBLEM AND SERVICE PROVIDER DOCUMENTATION CHART</b>			
<b>SOURCE</b>	<b>TYPE OF DOCUMENTATION</b> (letter, reso., newspaper clipping, report, etc.)	Documentation to support <b>PROBLEM and/or COMMITMENT TO PROVIDE SERVICES</b>	<b>Page #</b> (in app.)
Dept. of Health Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
County Health Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Fire Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Law Enforcement Agency		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Dept. of Social Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Board of Supervisors		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Newspaper		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	

**TIG BENEFIT**  
**Community Facilities**

**B. TARGETED INCOME GROUP (TIG) BENEFIT**

1. For this activity, how was the TIG percentage determined?

☐ Income Restriction

\_\_\_\_\_ % TIG

☐ Limited Clientele

☐ Other. Explain: \_\_\_\_\_

\_\_\_\_\_ % TIG

☐ Income survey of EXISTING beneficiaries. (attach survey & results)

\_\_\_\_\_ % TIG

Survey Date:	
Total # of <b>existing</b> beneficiaries:	
Households or persons?	
How many were surveyed?	
<b>Total number of responses:</b>	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

☐ Income survey of POTENTIAL beneficiaries. (attach survey & results)

\_\_\_\_\_ % TIG

Survey Date:	
Total # of <b>potential</b> beneficiaries:	
Households or persons?	
How many were surveyed?	
<b>Total number of responses:</b>	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

**PROGRAM READINESS**  
**Community Facilities**

**C. PROGRAM READINESS – Community Facilities**

*Please refer to instructions for guidance on completing this chart.*

<b>Program Operator/Administrator</b> <i>(Check all that apply)</i>	<b>Documentation Required (in order to receive any points)</b>	<b>Page #</b>
<input type="checkbox"/> In-house staff	Resumes and Duty Statements of key staff (which show that the staff are qualified to implement the project)	
<input type="checkbox"/> Program Consultant  (must be conditioned upon receipt of CDBG award)	Executed contract from prior year (still in force); or New executed contract; or Completed contract that is ready to sign upon award of CDBG funds.	
<input type="checkbox"/> Sub-recipient Agreement (must be conditioned upon receipt of CDBG award)	Existing Sub-recipient Agreement; or A completed sub-recipient agreement that is ready to sign upon award of CDBG funds	

<b>Environmental Clearance</b> <i>(Check the one that applies)</i>	<b>Documentation Required (in order to receive any points)</b>	<b>Page #</b>
<input type="checkbox"/> <b>Environmental Assessment</b>  with a Finding of No Significant Impact (FONSI)	Completed <i>Environmental Assessment</i>	
	A copy of the (ready-to-publish) combined <i>Notice of FONSI and Notice of Intent to Request Release of Funds</i>	
	A copy of the completed <i>Request for Release of Funds and Certification</i> (not signed and not dated)	
	A completed <i>Environmental Finding Form</i> , indicating and Environmental Assessment	
	A completed <i>Form 58.6</i>	
	A <b>description</b> of the project	

**PROGRAM READINESS**  
**Community Facilities**

Environmental Clearance (cont.) (Check the one that applies)	Documentation Required (in order to receive any points)	Page #
<b>Categorically Excluded, but</b> <input type="checkbox"/> <b>subject to 58.5 (site-specific projects).</b>	A completed <i>Environmental Finding Form</i> , indicating a "Finding of Categorical Exclusion, per Section 58.35(a) and a conversion to <i>Exempt</i> ."	
	A completed <i>Form 58.6</i>	
	A completed and documented <i>Statutory Worksheet</i> with <u>no</u> secondary findings.	
	A copy of supporting documentation, including the <i>SHPO Programmatic Agreement and correspondence</i> , where applicable.	
	A <b>description</b> of the project	

**PROGRAM READINESS**  
**Community Facilities**

<b>Special Conditions</b>	<b>Documentation Required (<i>in order to receive any points</i>)</b>	<b>Page #</b>
Site Control- <input type="checkbox"/> Proof of Ownership <input type="checkbox"/> Purchase Option <input type="checkbox"/> Purchase Contract	Deed of Trust or evidence of public ownership Copy of signed and dated purchase option. Copy of signed and dated purchase contract.	
Program Income Re-Use Plan	Program Income Re-Use Plan	
Anti-Displacement Plan	Anti-Displacement Plan	
Bank Financing Commitments		

<b>Project Readiness</b> <i>(check all that apply)</i>	<b>List Documentation submitted to evidence compliance with checked items. (<i>In order to receive any points</i>)</b>	<b>Page #</b>
<input type="checkbox"/> Architect & Engineer Contracted		
<input type="checkbox"/> Preliminary Plans and Specifications		
<input type="checkbox"/> Completed Bid Package		
<input type="checkbox"/> Detailed Project Budget		
<input type="checkbox"/> Waiting Lists		
<input type="checkbox"/> Draft Construction Contract		
<input type="checkbox"/> Use Permit/Zoning		
<input type="checkbox"/> Cost Estimate		

**SOURCES AND USES**  
**Community Facilities**

**D. SOURCES AND USES FORM.** Show all funds you plan to use for the entire project (CDBG funds requested and all other funding sources).

USES		SOURCES							Totals:
	State CDBG	Local Financial	Private Financial	Program Income	Federal	Other State Funds	Other: List		
Land Acquisition									\$
Building Acquisition									\$
Construction On-Site									\$
Construction Off-Site									\$
Equipment									\$
Final Plans & Specs.									\$
Fees									\$
Contingency									\$
Relocation									\$
Planning									\$
Activity Delivery									\$
General Administration									\$
Other:									\$
Other:									\$
<b>Totals:</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$

## REQUIRED MAPS

### Community Facilities

#### **E. REQUIRED MAPS**

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**NOTE: If you are proposing multiple activities, please provide maps for each activity.**

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- ☐ The location of concentrations of targeted income group families within the entire jurisdiction.

Note: Targeted income group data is **different** than poverty data. Most targeted income group data can be obtained by visiting the American Factfinder website at: [www.factfinder.census.gov/](http://www.factfinder.census.gov/)

➤ **Location Map**

The location map must be legible and must include:

- ☐ The census tract number(s) and the boundaries within which CDBG funds will be spent for the proposed activity , and
- ☐ The census block group number(s) and the boundaries within which CDBG funds will be spent for the proposed activity , and
- ☐ The general location of the proposed activities, including geographic boundaries of the targeted or service areas covered by the proposed activity.

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For site-specific activities, include a project site map which shows:

- ☐ The location and size of existing and proposed infrastructure (road, water, sewer, etc.), if applicable or pertinent, and
- ☐ The location and size of the proposed improvements, if applicable.